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Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503) 986-2200
Fax: (503) 378-4381
www.filinginoregon.com

Registry Number: 671068-81

Date of Authority: 01/20/1999

Type: FOREIGN BUSINESS CORPORATION

RECEIVED

JUN 11 2008

PACIFIC TERMINAL SERVICES, INC.
PO BOX 24006
SEATTLE WA 98124

RECEIVED
JAN 31 2008
BY: _____

01/29/2008 Environmental
Cleanup Office

rec'd
2/25/08 (aw)

RE: PACIFIC TERMINAL SERVICES, INC.

Your annual report and/or \$50 fee have not been filed. Unless these are received within 45 days of the date of this notice, or unless you demonstrate to our reasonable satisfaction that our determination is incorrect, your entity will be administratively revoked pursuant to ORS 60.737 and 60.741 and will become inactive on our records. The administrative revocation and change to inactive status will take effect on 03/15/2008, barring any further action taken by you.

You may be eligible to expedite the filing by logging on to our website www.filinginoregon.com/renew to review your information and pay your annual fee electronically.

If your information is not current you may obtain the appropriate "Amendment to Annual Report" form to update the information either by calling (503) 986-2200, or by downloading the form from our website www.filinginoregon.com.

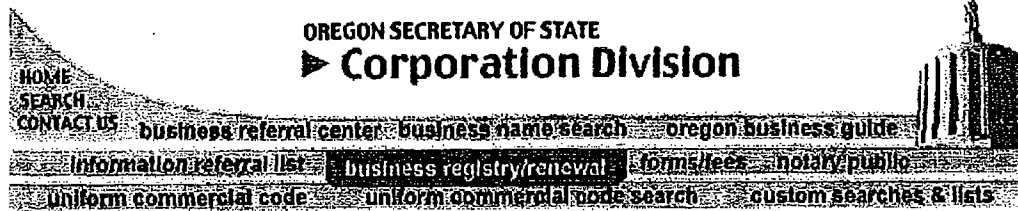
If you have already submitted the document and/or proper fees, please disregard this notice.

Business Registry
Corporation Division
(503) 986-2200

Pd 2/24/08 online

50 (aw)

NOTLRN 01/25/2008



Business Registry & Renewal

[Printer Friendly](#)

Business Registry Web Renewal Confirmation

2008-02-27 16:09:14 v005

Thank you for paying your renewal fee online on February 27, 2008.

Your renewal is effective immediately.

It will be posted to our web-site within two business days. [Why the delay?](#)

Order Number: 348809

Fee: \$50.00

Your statement will read "OR Business Registry"

This confirmation is valid only if payment was made using VISA or MasterCard.

Please print this page for your records. [Printer Friendly](#)

Registry Number: 671068-81

Business Name: PACIFIC TERMINAL SERVICES, INC.

Business Entity Type: FBC

Next Renewal Date: 01/20/2009

[Show My Business's Details](#)

Use this form to update the information for your business: [PDF](#)

[Renew another business](#)

[Business Registry Web Renewal FAQ](#)

Email questions to businessregisuy.sos@state.or.us or call us at 503-986-2228.

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For comments or suggestions regarding the operation of this site,
please contact : businessregistry.sos@state.or.us



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JAN 28 '99 12:09PM PDX LICENSES

P.2/3



City of Portland PDX LICENSES
Bureau of Licenses
1900 SW 4th Ave Room 40
Portland OR 97201-5304
Office: (503) 823-5157
FAX: (503) 823-6192

OFFICE USE ONLY

Territory:

ACCOUNT #

APPLICATION FOR PORTLAND BUSINESS LICENSE for

ANY business activity within the City of Portland, Oregon where total gross receipts for all business everywhere is \$15,000 or more annually. License fee is calculated at the rate of 2.2% of net income subject to fee; Initial fee is subject to adjustment.

ALL INFORMATION PROVIDED ON THIS FORM IS PUBLIC RECORD PER ORS 182.410

1) NAME: SOLE PROP - print Last, First, MI. PACIFIC TERMINAL SERVICES, INC. <small>PRINT Name(s) of Owners, Partners, Corporation, or filed on the State of Oregon Tax Return</small> OWNERS! PLEASE LIST OWNERS OF CORPORATIONS (OWN 5% STOCK) & ALL PARTNERS ON THE BACK OF THIS FORM.			
2) BUSINESS NAME/Doing Business As (DBA): PAC TERM SERVICES, INC. (If different from above NAME)			
3) BUSINESS CONTACT NAME: Todd Prophet		CONTACT TITLE: Secretary/Treasurer <small>Is this person authorized to represent the licensee?</small> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CONTACT PHONE: (206) 628-0051			
4) TAX ENTITY: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Estate <input type="checkbox"/> Trust (check one) <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> S - Corporation <input checked="" type="checkbox"/> Other: QSSS			
5) FISCAL YEAR END: 12/31	BUSINESS FAX: (206) 628-0293	6) TAX ENTITY ID #: F.E.I.N: 91-1944655 SS #: --	
7) NUMBER OF OWNERS: -1-	8) DATE BUSINESS ACTIVITY BEGAN IN PORTLAND: March 4, 1999	9) Is there business activity outside Portland? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> IF YES, describe business activity outside Portland:	
10) BUSINESS ADDRESS: (location) 7900 N.W. St. Helens Road Portland, Oregon 97210 <small>(Use back of form to list additional locations) Number/Street/PO Box/ City, State, Zip Code</small>			
11) BUSINESS PHONE: (206) 628-0051		12) PROPERTY TYPE: Is business address on: <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL property?	
13) BUSINESS ACTIVITY DESCRIPTION: Oil Terminal Services			(Office Use Only) SIC CODE:
<small>If business activity includes retail sales, residential, or commercial property, list property addresses on back of this form.</small>			
14) MAILING ADDRESS: (If different from line 10 above) List Name/Address Number/Street/or PO Box/City, State, Zip Code Todd Prophet, P.O. Box 24006, Seattle, WA 98124			
15) Is this a new business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF business was previously licensed, give name of previous owner:			
16) If any of the current owners of this business have a current or expired PORTLAND license, give account information: NAME: -- ACCOUNT#: Year licensed:			

MINIMUM FEE is \$100.00 NON-REFUNDABLE Checks payable to: CITY OF PORTLAND

OFFICE USE ONLY	PAYMENT: \$ _____ <input type="checkbox"/> CASH : RECEIPT # _____ <input type="checkbox"/> CHECK #: _____ BY _____			
	DUPLICATE: <input type="checkbox"/> NAME <input type="checkbox"/> DBA <input type="checkbox"/> FEIN <input type="checkbox"/> BUSINESS ADDRESS _____			
	<input type="checkbox"/> SEND LETTER _____ <input type="checkbox"/> OTHER _____ INITIALS _____			
	<input type="checkbox"/> ADDRESS ON CHECK _____			
	<input type="checkbox"/> PDX: Total \$ _____ Status: _____ TAX YR: _____ Comment: _____			
	<input type="checkbox"/> PDX: Total \$ _____ Status: _____ TAX YR: _____ Comment: _____			
<input type="checkbox"/> MULT: Total \$ _____ Status: _____ TAX YR: _____ Comment: _____				

COMPLETE BOTH SIDES OF APPLICATION - SIGNATURE IS REQUIRED ON BACK OF THIS FORM

PDX LICENSES

ALL INFORMATION PROVIDED ON THIS FORM IS PUBLIC RECORD PER ORS 192.410

A Business License is required of all those doing business within the City of Portland, Oregon. Exemptions include non-profit agencies and businesses whose total gross receipts for all business everywhere is less than \$15,000 annually. License fees are based upon net income; the minimum annual fee is \$100.

When obtaining the original license, complete this application and return it with \$100.00. You will receive a license which expires at the end of the current business year. In the first month of your next business year, you will receive a renewal form and you will have until the 15th day of the fourth month after your expiration date to renew your license without penalty. The renewal fee will be determined by the income figures filed on the renewal form.

The Initial \$100 payment is a minimum fee which may be adjusted upward after your actual income figures are known.

OWNERS OF CORPORATION OR PARTNERS. (List Corporate Owners that hold more than 5% of the voting stock of the corporation - List Other Partners, if any) Use additional sheets if necessary.

NAME	ADDRESS	% OF STOCK
Harley Marine Services, Inc.	910 S.W. Spokane St., Seattle, WA 98134	100%
--		
--		
--		
--		

ADDITIONAL BUSINESS LOCATIONS (List addresses within Multnomah County) Use additional sheets if necessary

ADDITIONAL ASSUMED BUSINESS NAMES:

ADDRESS	CITY/STATE/ZIP CODE
12/A	

RENTAL PROPERTY OWNED: Use additional sheet(s) if necessary

Check one

of units

ADDRESS	CITY/STATE/ZIP CODE	COMMERCIAL	RESIDENTIAL	# of units

The term "license" as used in the ordinance is not to be construed to mean permit. The Business License fee is for revenue purposes, and is not a regulatory permit fee. The payment of a license fee and the acceptance of such a fee and issuance of a license by the City does not entitle a licensee to carry on a business not in compliance with all applicable requirements of state, federal, municipal or other law. The undersigned declares under penalty of making a false certificate that the information given in this report is true.


Signature of Licensee or Authorized Representative

Secretary/Treasurer

Title

2.1.99

Date



Phone: (803) 986-2200
Fax: (503) 378-4381

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327

Application for Authority to Transact Business—Business/Professional

Check the appropriate box below:

For office use only

- ☒ **FOREIGN BUSINESS CORPORATION**
(Complete only 1, 2, 3, 4, 5, 6, 7, 8, 9, 13, 14)
- ☐ **FOREIGN PROFESSIONAL CORPORATION**
(Complete all items)

Registry Number

671068-81

Attach Additional Sheet if Necessary
Please Type or Print Legibly in Black Ink

FILED
JAN 20 1999
SECRETARY OF STATE

1) **NAME OF CORPORATION** PACIFIC TERMINAL SERVICES, INC.

NOTES: Must be identical to the name on the Certificate of Existence. See #3.

2) **CERTIFICATE OF EXISTENCE** (This application must be accompanied by a certificate of existence, current within 60 days of delivery to the Division, authenticated by the official having custody of the corporate records in the jurisdiction of incorporation.)

☒ Certificate attached

3) **DATE OF INCORPORATION** 11/10/98 **DURATION, IF NOT PERPETUAL** --

4) **STATE OR COUNTRY OF ORGANIZATION**
WASHINGTON

CHECK HERE TO INDICATE ON YOUR REGISTRATION THAT
YOU DO NOT WANT MAIL SOLICITATION.

5) **ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS** (Address, city, state, zip)

910 S.W. Seokane Street
Seattle, WA 98134

6) **NAME OF OREGON REGISTERED AGENT**

CORPORATION SERVICE COMPANY

7) **ADDRESS OF THE OREGON REGISTERED OFFICE** (Must be an Oregon Street Address which is identical to the registered agent's business office.)

285 Liberty Street N.E.
Salem, OR 97301

8) **ADDRESS FOR MAILING NOTICES**

P.O. Box 24006
Seattle, WA 98124

9) **NAME AND ADDRESS OF PRESIDENT AND SECRETARY**

President: Harley V. Franco

Address: P.O. Box 24006
Seattle, WA 98124

Secretary: Todd Prophet

Address: P.O. Box 24006
Seattle, WA 98124

PROFESSIONAL CORPORATION ONLY

10) **SHAREHOLDERS** (Name, street addresses and profession(s) of all shareholders, if any, who are licensed to render the professional service(s) in Oregon. Attach a separate sheet if necessary.)

--

11) **PROFESSIONAL/BUSINESS SERVICES** (List professional service(s) and other business services, if applicable, to be rendered.)

--

12) **DIRECTORS** (Names, street addresses and profession(s) of all directors who are licensed to render the professional service(s) in Oregon. Attach a separate sheet if necessary.)

13) **EXECUTION**

Printed Name

Harley V. Franco

Signature

Title

President

14) **CONTACT NAME**

Steven J. Hopp, Esq.

DAYSIDE PHONE NUMBER

(206) 622-8020

FEES

Make check for \$448 payable to "Corporation Division."

NOTE: Filing fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

Fee \$10.00
+ 2.00 per county
+ 5.00 for copy (optional)

Total _____



Corporation Division - Business Registry
Public Service Building
255 Capitol Street NE, Suite 161
Salem, OR 97310-1327
(503) 986-2200 Facsimile (503) 378-4381

THIS SPACE FOR OFFICE USE ONLY

FILED

JAN 20 1999

SECRETARY OF STATE

Registry Number:

671072-85

ASSUMED BUSINESS NAME REGISTRATION

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

1. ASSUMED BUSINESS NAME: PAC TERM SERVICES, INC.
2. Principal place of business: 910 S.W. Spokane Street, Seattle, WA 98134
Street address City State Zip code
3. Authorized representative (ONE NAME ONLY): Steven J. Hopp, Esq.
Carney Badley Smith & Spellman, P.S., 701 Fifth Ave., Suite 2200, Seattle, WA 98104
Mailing Address City State Zip code
4. SIC code: 7390 (see back of this form)
5. Registrants (attach a separate sheet if necessary):
If you choose to provide a Social Security Number, it will become a part of the public record.

PACIFIC TERMINAL SERVICES, INC., 910 S.W. Spokane Street, Seattle, WA 98134
Name SS# Street address City State Zip code

--
Name SS# Street address City State Zip code

--
Name SS# Street address City State Zip code

6. Counties:
- | | | | |
|--------------------------------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> All counties - statewide | | | |
| <input type="checkbox"/> Baker | <input type="checkbox"/> Douglas | <input type="checkbox"/> Lake | <input type="checkbox"/> Sherman |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Gilliam | <input type="checkbox"/> Lane | <input type="checkbox"/> Tillamook |
| <input type="checkbox"/> Clackamas | <input type="checkbox"/> Grant | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Umatilla |
| <input type="checkbox"/> Clatsop | <input type="checkbox"/> Harney | <input type="checkbox"/> Linn | <input type="checkbox"/> Union |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Hood River | <input type="checkbox"/> Malheur | <input type="checkbox"/> Walla Walla |
| <input type="checkbox"/> Coos | <input type="checkbox"/> Jackson | <input type="checkbox"/> Marion | <input type="checkbox"/> Wasco |
| <input type="checkbox"/> Crook | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Morrow | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Curry | <input type="checkbox"/> Josephine | <input type="checkbox"/> Multnomah | <input type="checkbox"/> Wheeler |
| <input type="checkbox"/> Deschutes | <input type="checkbox"/> Klamath | <input type="checkbox"/> Polk | <input type="checkbox"/> Yamhill |

7. Signature of all registrants (attach a separate sheet if necessary):

PACIFIC TERMINAL SERVICES, INC.

By: Harley V. Franco, President

8. Person to contact about this registration: Steven J. Hopp, Esq. Daytime phone number (206) 622-8020

TO RECEIVE A COPY OF THE FILED REGISTRATION WITH REGISTRY NUMBER, PLEASE ENCLOSE AN ADDITIONAL \$5.00.
MAKE CHECKS PAYABLE TO THE CORPORATION DIVISION OR INCLUDE YOUR VISA OR MASTERCARD NUMBER AND
EXPIRATION DATE _____. SUBMIT THE COMPLETED FORM AND FEE TO
THE ABOVE ADDRESS OR FAX TO (503) 378-4381.